

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF OKLAHOMA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Knight Mail & Printing Plus LLC

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 47-5203022

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	101 B East Main Street Henryetta, OK 74437 Number, Street, City, State & ZIP Code	
	Okmulgee County	Location of principal assets, if different from principal place of business 1208 West Cummings Street Henryetta, OK 74437 Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor  
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify:

## 7. Describe debtor's business

## A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

## B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

## 8. Under which chapter of the Bankruptcy Code is the debtor filing?

## Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check all that apply:
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

## 9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

## 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other**Where is the property?**

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 4, 2017**  
MM / DD / YYYY

**X /s/ Kathy Knight**  
Signature of authorized representative of debtor  
  
Title **President**

**Kathy Knight**  
Printed name

**18. Signature of attorney**

**X /s/ MELINDA .G. DUNLAP,**  
Signature of attorney for debtor

Date **December 4, 2017**  
MM / DD / YYYY

**MELINDA .G. DUNLAP,**  
Printed name

**Melinda G. Dunlap**  
Firm name

**205 South Grand  
PO Box 1613  
Okmulgee, OK 74447**  
Number, Street, City, State & ZIP Code

Contact phone **918-756-7764** Email address **mdbankruptcy@hotmail.com**

**OBA#15002**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name Knight Mail & Printing Plus LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF OKLAHOMA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 4, 2017

X /s/ Kathy Knight

Signature of individual signing on behalf of debtor

Kathy Knight

Printed name

President

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Knight Mail & Printing Plus LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **9,888.90****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **9,888.90****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **132,844.37****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **179,810.57****4. Total liabilities** .....  
Lines 2 + 3a + 3b\$ **312,654.94**

**Fill in this information to identify the case:**Debtor name **Knight Mail & Printing Plus LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****\$0.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**  
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number3.1. **First Family Federal Credit Union,  
Henryetta, Oklahoma (closed 12/16)****CHECKING****360****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$0.00****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.  
☐ Yes Fill in the information below.

**Part 4: Investments****13. Does the debtor own any investments?**

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (If known) \_\_\_\_\_

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Office & Shipping Supplies (Inventory list attached)	July 2017	\$1,124.60	Liquidation	\$1,193.75

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$1,193.75

24. Is any of the property listed in Part 5 perishable?

- ☒ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28.	Crops-either planted or harvested Paper supplies from Mail Business	\$0.00	Liquidation	\$0.00

29. Farm animals Examples: Livestock, poultry, farm-raised fish

30. Farm machinery and equipment (Other than titled motor vehicles)

31. Farm and fishing supplies, chemicals, and feed

32. Other farming and fishing-related property not already listed in Part 6



Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (If known) \_\_\_\_\_

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

**\$0.00**

34. **Is the debtor a member of an agricultural cooperative?**

☒ No

☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

☒ No

☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
40. <b>Office fixtures</b>			
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b>			
<b>Equipment Inventory</b>	<b>\$0.00</b>	<b>Liquidation</b>	<b>\$8,695.15</b>

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$8,695.15**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.

☐ Yes Fill in the information below.

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number *(If known)* \_\_\_\_\_

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (If known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$1,193.75</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$8,695.15</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$9,888.90</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$9,888.90</u>

**Fill in this information to identify the case:**Debtor name **Knight Mail & Printing Plus LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		<i>Column A</i> <b>Amount of claim</b>  Do not deduct the value of collateral.	<i>Column B</i> <b>Value of collateral that supports this claim</b>	
<b>2.1</b>	<b>Altman Financial LP</b> <small>Creditor's Name</small>  <b>PO Box 4043</b> <b>Concord, CA 94524-4043</b> <small>Creditor's mailing address</small>   <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>6032</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b>   <b>Describe the lien</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$17,671.70</b>	<b>\$0.00</b>
<b>2.2</b>	<b>Chase Mortgage</b> <small>Creditor's Name</small>  <b>PO Box 24696</b> <b>Columbus, OH 43224</b> <small>Creditor's mailing address</small>   <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>11/04</b> <b>Last 4 digits of account number</b> <b>6693</b> <b>Do multiple creditors have an interest in the same property?</b>	<b>Describe debtor's property that is subject to a lien</b>   <b>Describe the lien</b> <b>Mortgage</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$32,980.00</b>	<b>\$0.00</b>

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (if know)

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.3 OCWEN Loan Servicing**

Creditor's Name

**1661 Worthington Road,  
Ste 100  
West Palm Beach, FL 33409**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**11/04**

Last 4 digits of account number

**9401**

Do multiple creditors have an  
interest in the same property?

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**\$4,045.00**

**\$0.00**

Describe the lien

**Second Mortgage**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 Ocwen Loan Servicing**

Creditor's Name

**1661 Worthington Rd Ste  
100  
West Palm Beach, FL 33409**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**4/04**

Last 4 digits of account number

**9003**

Do multiple creditors have an  
interest in the same property?

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**\$27,825.00**

**\$0.00**

Describe the lien

**Third Mortgage**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.5 Time Payment**

Creditor's Name

**1600 District Avenue, Suite  
200  
Burlington, MA 01803**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$14,640.21**

**\$8,695.15**

**Equipment Inventory**

Describe the lien

**lease payment on equipment**

Is the creditor an insider or related party?

☒ No

Name

Creditor's email address, if known

Date debt was incurred

2016

Last 4 digits of account number

3506

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.6

**USAA Federal Savings Bank**

Creditor's Name

10750 McDermott Freeway  
San Antonio, TX  
78288-0544

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/15

Last 4 digits of account number

8470

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$17,724.78

\$0.00

Describe the lien

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.7

**USAA Federal Savings Bank**

Creditor's Name

10750 McDermott Freeway  
San Antonio, TX  
78288-0544

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

5305

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$17,957.68

\$0.00

Describe the lien

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (if know)

**2.8 Wilpro Inc**

Creditor's Name

**30151 South 126th  
Henryetta, OK 74437**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**3 year lease still had 24 months left on lease**

**\$0.00**

**\$0.00**

Describe the lien

**lease payment on building**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$132,844.37**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**GC Services Limited Partnership  
PO Box 3026  
Houston, TX 77253**

On which line in Part 1 did  
you enter the related creditor?

Line **2.7**

Last 4 digits of  
account number for  
this entity

**0071**

**Fill in this information to identify the case:**Debtor name **Knight Mail & Printing Plus LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Internal Revenue Service Special Procedures 55 North Robinson, Stop 5024 Oklahoma City, OK 73102-9229</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Notice Only</b>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2	Priority creditor's name and mailing address <b>Oklahoma Tax Commission Bankruptcy Department 120 North Robinson, Suite 2200 Oklahoma City, OK 73152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Notice Only</b>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim



Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (if known)

3.1	<b>Nonpriority creditor's name and mailing address</b> <b>Allied Intersatate</b> <b>PO Box 361445</b> <b>Columbus, OH 43236</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4486</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,357.00</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Best Buy</b> <b>Citibank, N.A.</b> <b>PO Box 6497</b> <b>Sioux Falls, SD 57117</b> Date(s) debt was incurred <u>3/16</u> Last 4 digits of account number <u>7411</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,036.00</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Breg Inc</b> <b>PO Box 844628</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred <u>12/16</u> Last 4 digits of account number <u>7244</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$360.00</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>BuyPower</b> <b>Capital One Card Services</b> <b>Customer Center</b> <b>PO Box 30256</b> <b>Salt Lake City, UT 84130-0256</b> Date(s) debt was incurred <u>12/15</u> Last 4 digits of account number <u>6086</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,440.00</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Cabela's Club Visa</b> <b>PO Box 82519</b> <b>Lincoln, NE 68501-2519</b> Date(s) debt was incurred <u>7/12</u> Last 4 digits of account number <u>0272</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,018.00</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Capital Management Services OP</b> <b>698 1/2 South Ogden Street</b> <b>Buffalo, NY 14206-2317</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2368</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,691.92</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Chase AARP</b> <b>Cardmember Service</b> <b>PO Box 15548</b> <b>Wilmington, DE 19886-5548</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6987</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,138.00</b>

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (if known)

3.8	Nonpriority creditor's name and mailing address <b>Chase Amazon</b> <b>PO Box 15298</b> <b>Wilmington, DE 19850-5298</b> Date(s) debt was incurred <u>12/16</u> Last 4 digits of account number <u>4815</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,254.75</b>
3.9	Nonpriority creditor's name and mailing address <b>Chase United</b> <b>Chase</b> <b>PO Box 15298</b> <b>Wilmington, DE 19850-5298</b> Date(s) debt was incurred <u>    </u> Last 4 digits of account number <u>3667</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,131.70</b>
3.10	Nonpriority creditor's name and mailing address <b>Chase United</b> <b>PO Box 15298</b> <b>Wilmington, DE 19850</b> Date(s) debt was incurred <u>9/16</u> Last 4 digits of account number <u>0421</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,845.00</b>
3.11	Nonpriority creditor's name and mailing address <b>Chase United</b> <b>PO Box 15298</b> <b>Wilmington, DE 19850-5298</b> Date(s) debt was incurred <u>    </u> Last 4 digits of account number <u>5995</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>    </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.12	Nonpriority creditor's name and mailing address <b>Citi Double Cash</b> <b>Citi Cards</b> <b>PO Box 78045</b> <b>Phoenix, AZ 85062-8045</b> Date(s) debt was incurred <u>11/15</u> Last 4 digits of account number <u>0771</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>creditcards</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,978.12</b>
3.13	Nonpriority creditor's name and mailing address <b>Citi Simplicity</b> <b>Citi Cards</b> <b>PO Box 78045</b> <b>Phoenix, AZ 85062-8045</b> Date(s) debt was incurred <u>    </u> Last 4 digits of account number <u>5911</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,349.65</b>
3.14	Nonpriority creditor's name and mailing address <b>Credit Corp Solutions Inc</b> <b>180 West Election Road</b> <b>Draper, UT 84020</b> Date(s) debt was incurred <u>    </u> Last 4 digits of account number <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>    </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (if known)

3.15	Nonpriority creditor's name and mailing address <b>DHL</b> <b>Access Receivables Mgmt</b> <b>11350 McCormick Road</b> <b>Executive Plaza III St 800</b> <b>Hunt Valley, MD 21031</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>0414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>mail pickup</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$518.14</b>
3.16	Nonpriority creditor's name and mailing address <b>Diamond Preferred</b> <b>Ciitcards</b> <b>PO Box 78045</b> <b>Phoenix, AZ 85062-8045</b> Date(s) debt was incurred <b>11/15</b> Last 4 digits of account number <b>6563</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>credi card</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,001.00</b>
3.17	Nonpriority creditor's name and mailing address <b>Discover Personal Loans</b> <b>PO Box 30954</b> <b>Salt Lake City, UT 84130-0954</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4933</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,600.00</b>
3.18	Nonpriority creditor's name and mailing address <b>Discover Personal Loans</b> <b>PO Box 30954</b> <b>Salt Lake City, UT 84130-0954</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>8704</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,482.99</b>
3.19	Nonpriority creditor's name and mailing address <b>FedEX Revenue Recovery Dept</b> <b>PO Box 660481</b> <b>Sanger, TX 76266-0481</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2250</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$425.17</b>
3.20	Nonpriority creditor's name and mailing address <b>GC Services Limited Partnership</b> <b>PO Bo x930824</b> <b>Wixom, MI 48393-0824</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>8844</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,499.19</b>
3.21	Nonpriority creditor's name and mailing address <b>Home Projects</b> <b>Wells Fargo</b> <b>800 Walnut Street</b> <b>Des Moines, IA 50309</b> Date(s) debt was incurred <b>7/12</b> Last 4 digits of account number <b>3698</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,018.00</b>

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (if known)

3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Hood &amp; Stacy, PA</b> <b>216 North Main Street</b> <b>Bentonville, AR 72712</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0148</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Invictus Healthcare System</b> <b>Uber Group PLLC</b> <b>9709 E 79th Street</b> <b>Tulsa, OK 74133-4566</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$360.96</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Kroger</b> <b>US Bank</b> <b>PO Box 790408</b> <b>Saint Louis, MO 63179-0408</b> Date(s) debt was incurred <u>5/16</u> Last 4 digits of account number <u>0167</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,400.73</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Mary Kay</b> <b>Chase Bank</b> <b>PO Box 15298</b> <b>Wilmington, DE 19850-5298</b> Date(s) debt was incurred <u>5/16</u> Last 4 digits of account number <u>7390</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,711.31</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>NCB Management Services Inc</b> <b>PO Box 1099</b> <b>Langhorne, PA 19047</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9232</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,014.45</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Northland Group In</b> <b>PO Box 390905</b> <b>Minneapolis, MN 55439</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1347</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,723.57</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>One Main Financial</b> <b>PO Box 64</b> <b>Evansville, IN 47701-0064</b> Date(s) debt was incurred <u>9/16</u> Last 4 digits of account number <u>8016</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,565.01</b>

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (if known)

3.29	Nonpriority creditor's name and mailing address <b>Princess Cruises Barclays Bank PO Box 8803 Wilmington, DE 19899</b> Date(s) debt was incurred <u>10/16</u> Last 4 digits of account number <u>7105</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,691.92</b>
3.30	Nonpriority creditor's name and mailing address <b>Public Service Company PO Box 24404 Canton, OH 44701-4404</b> Date(s) debt was incurred __ Last 4 digits of account number <u>5961</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>gas services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$78.23</b>
3.31	Nonpriority creditor's name and mailing address <b>Public Service Company of Oklahoma PO Box 24404 OH 44071-4404</b> Date(s) debt was incurred __ Last 4 digits of account number <u>5961</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$78.23</b>
3.32	Nonpriority creditor's name and mailing address <b>Sam's Club MC PO Box 960013 Orlando, FL 32896-0013</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.33	Nonpriority creditor's name and mailing address <b>Sears Mc Citibank NA PO Box 6077 Henryetta, OK 74437-2424</b> Date(s) debt was incurred <u>2/16</u> Last 4 digits of account number <u>7099</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,499.19</b>
3.34	Nonpriority creditor's name and mailing address <b>Suddenlink Communications 1244 Powercourt Dr Suite 460 Saint Louis, MO 63131</b> Date(s) debt was incurred __ Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>communication services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$970.08</b>
3.35	Nonpriority creditor's name and mailing address <b>Suddenlink Communications 1244 Powercourt Dr, Suite 450 Saint Louis, MO 63131</b> Date(s) debt was incurred __ Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$970.06</b>

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (if known)

3.36	Nonpriority creditor's name and mailing address <b>Synchrony Bank</b> <b>Attn: Bankruptcy Dept</b> <b>PO Box 965061</b> <b>Orlando, FL 32896-5061</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>4730</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>credit card</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,343.49</b>
3.37	Nonpriority creditor's name and mailing address <b>Synchrony Bank</b> <b>Attn: Bankruptcy Dept</b> <b>PO Box 965060</b> <b>Orlando, FL 23896-0013</b> Date(s) debt was incurred <b>9/16</b> Last 4 digits of account number <b>8471</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>credit card</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,121.00</b>
3.38	Nonpriority creditor's name and mailing address <b>T Mobile</b> <b>PO Box 742596</b> <b>Cincinnati, OH 45274-2596</b> Date(s) debt was incurred <b>2015</b> Last 4 digits of account number <b>3426</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$785.59</b>
3.39	Nonpriority creditor's name and mailing address <b>USAA American Legion</b> <b>USAA Savings Bank</b> <b>PO Box 33009</b> <b>San Antonio, TX 78265</b> Date(s) debt was incurred <b>10/15</b> Last 4 digits of account number <b>9431</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>credit card</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,596.00</b>
3.40	Nonpriority creditor's name and mailing address <b>USAA VFW</b> <b>USAA Federal Savings Bank</b> <b>10750 McDermott Freeway</b> <b>San Antonio, TX 78288-0544</b> Date(s) debt was incurred <b>12/15</b> Last 4 digits of account number <b>5430</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>credit card</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,588.00</b>
3.41	Nonpriority creditor's name and mailing address <b>USAA Wounded Warrior Card</b> <b>USAA Federal Savings Bank</b> <b>10750 McDermott Freeway</b> <b>San Antonio, TX 78288-0544</b> Date(s) debt was incurred <b>7/16</b> Last 4 digits of account number <b>2252</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>credit card</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,602.00</b>
3.42	Nonpriority creditor's name and mailing address <b>Walmart Mastercard</b> <b>Synchrony Bank</b> <b>Attn: Bankruptcy Department</b> <b>PO Box 965060</b> <b>Orlando, FL 32896-5060</b> Date(s) debt was incurred <b>12/16</b> Last 4 digits of account number <b>8155</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>credit card</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,717.87</b>

Debtor **Knight Mail & Printing Plus LLC**  
Name

Case number (if known)

3.43 Nonpriority creditor's name and mailing address

**Walmart Mastercard/SYNCB  
Synchrony Bank  
Attn: Bankruptcy Dept  
PO Box 965060  
VA 23896-5060**

Date(s) debt was incurred 9/16

Last 4 digits of account number 9194

As of the petition filing date, the claim is: *Check all that apply.*

**\$848.25**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: credit card

Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>ARS National Services Inc PO Box 469100 Escondido, CA 92046-9100</b>	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>CCB Credit Servics Inc PO Box 272 Springfield, IL 62705-0272</b>	Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain _____	<u>3961</u>
4.3	<b>Credence Resource Managment 17000 Dallas Pkwy Ste 204 Dallas, TX 75248</b>	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____	<u>6923</u>
4.4	<b>Diversified Consultants Inc PO Box 1391 Southgate, MI 48195-0391</b>	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____	<u>6352</u>
4.5	<b>EGS Financial Care Inc PO Box 1020 Dept 106 Horsham, PA 19044-2140</b>	Line <u>3.42</u> <input type="checkbox"/> Not listed. Explain _____	<u>8155</u>
4.6	<b>EGS Financial Care Inc PO box 1020 Dept 806 Horsham, PA 19044</b>	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	<u>5405</u>
4.7	<b>Equinox Collection Services Inc 20159 E 11th Street Ste 500 Tulsa, OK 74128</b>	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____	<u>5572</u>
4.8	<b>Hood &amp; Stacy PC 216 North Main Street Bentonville, AR 72712</b>	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>NCB Management Services Inc PO Box 1099 Langhorne, PA 19047</b>	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	<u>0238</u>

Debtor	Name	Case number (if known)
	<b>Knight Mail &amp; Printing Plus LLC</b>	
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?
		Last 4 digits of account number, if any
4.10	<b>North Shore Agency 270 Spangoli Rd Suite 110 Melville, NY 11747</b>	Line <b>3.19</b> <input type="checkbox"/> Not listed. Explain _____
4.11	<b>Portfolio Recovery Assoc PO Box 12914 Norfolk, VA 23541</b>	Line <b>3.37</b> <input type="checkbox"/> Not listed. Explain _____
4.12	<b>Sunrise Credit Services Inc PO Box 9100 Farmingdale, NY 11735-9100</b>	Line <b>3.35</b> <input type="checkbox"/> Not listed. Explain _____
4.13	<b>United Collections Bureau Inc 5620 Southwyck Blvd Suite 206 Toledo, OH 43614</b>	Line <b>3.9</b> <input type="checkbox"/> Not listed. Explain _____
4.14	<b>United Collections Bureau Inc 5620 Southwyck Blvd, Suite 206 Toledo, OH 43614</b>	Line <b>3.25</b> <input type="checkbox"/> Not listed. Explain _____
4.15	<b>United Collections Bureau Inc 5620 Southwyck Blvd Suite 206 Toledo, OH 43614</b>	Line <b>3.12</b> <input type="checkbox"/> Not listed. Explain _____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ <b>0.00</b>
5b. Total claims from Part 2	\$ <b>179,810.57</b>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ <b>179,810.57</b>



**Fill in this information to identify the case:**

Debtor name **Knight Mail & Printing Plus LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **T shirt Printing Equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Time Payment Corp  
16 NE Executive Office Park, Ste 200  
Burlington, MA 01803**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease for Building for Business**

State the term remaining **1y 1/2**

List the contract number of any government contract \_\_\_\_\_

**Wilpro Inc  
30531 South 216th  
Henryetta, OK 74437**

**Fill in this information to identify the case:**Debtor name **Knight Mail & Printing Plus LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**Debtor name **Knight Mail & Printing Plus LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2017** to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**

(before deductions and exclusions)

**\$0.00****For prior year:**From **1/01/2016** to **12/31/2016**☒ Operating a business☐ Other \_\_\_\_\_**\$1,023.00****For year before that:**From **1/01/2015** to **12/31/2015**☒ Operating a business☐ Other \_\_\_\_\_**\$523.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from****each source**  
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer***Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☐ None

**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Dates of loss****Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

**Who was paid or who received the transfer?**  
**Address**

**If not money, describe any property transferred**

**Dates**

**Total amount or value**

11.1. **Melinda G. Dunlap, OBA**  
**#15002**  
**PO Box 1613**  
**Okmulgee, OK 74447**

**\$1000.00 attorney fees**  
**\$335.00 filing fee**

**May 2017**

**\$1,335.00**

**Email or website address**  
**mdbankruptcy@hotmail.com**

**Who made the payment, if not debtor?**  
**Debtor**

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

**Name of trust or device**

**Describe any property transferred**

**Dates transfers were made**

**Total amount or value**

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

**Who received transfer?**  
**Address**

**Description of property transferred or payments received or debts paid in exchange**

**Date transfer was made**

**Total amount or value**

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

**Address**

**Dates of occupancy**  
**From-To**

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

**Facility name and address****Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	First Family Federal Credit Union Henryetta, OK 74437	XXXX-360	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	12/16	\$25.00

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Okmulgee	Kathy Knight	Inventory & Equipment	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service  
From-To**26a.1. **Kathy Knight****2016**26a.2. **Baldwin & Shipley****2015**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are  
unavailable, explain why**26c.1. **?**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

**Name****Address****Position and nature of any  
interest****% of interest, if  
any****Kathy Knight****101 E. Main Street  
Henryetta, OK 74437****President of Company****100%**

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.



**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 4, 2017**

**/s/ Kathy Knight**

Signature of individual signing on behalf of the debtor

**Kathy Knight**

Printed name

Position or relationship to debtor **President**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

- ☒ No  
☐ Yes

**United States Bankruptcy Court**  
**Eastern District of Oklahoma**

In re **Knight Mail & Printing Plus LLC**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>1,000.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>1,000.00</b></u>
Balance Due .....	\$	<u><b>0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**December 4, 2017**

*Date*

**/s/ MELINDA .G. DUNLAP,**

**MELINDA .G. DUNLAP, OBA#15002**

*Signature of Attorney*

**Melinda G. Dunlap**

**205 South Grand**

**PO Box 1613**

**Okmulgee, OK 74447**

**918-756-7764 Fax: 918-756-3009**

**mdbankruptcy@hotmail.com**

*Name of law firm*

**United States Bankruptcy Court  
Eastern District of Oklahoma**

In re **Knight Mail & Printing Plus LLC**

Debtor(s)

Case No. \_\_\_\_\_

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 4, 2017**

**/s/ Kathy Knight**

**Kathy Knight/President**

Signer/Title

Allied Intersatate  
PO Box 361445  
Columbus, OH 43236

Altman Financial LP  
PO Box 4043  
Concord, CA 94524-4043

ARS National Services Inc  
PO Box 469100  
Escondido, CA 92046-9100

Best Buy  
Citibank, N.A.  
PO Box 6497  
Sioux Falls, SD 57117

Breg Inc  
PO Box 844628  
Dallas, TX 75284

BuyPower  
Capital One Card Services  
Customer Center  
PO Box 30256  
Salt Lake City, UT 84130-0256

Cabela's Club Visa  
PO Box 82519  
Lincoln, NE 68501-2519

Capital Management Services OP  
698 1/2 South Ogden Street  
Buffalo, NY 14206-2317

CCB Credit Servics Inc  
PO Box 272  
Springfield, IL 62705-0272

Chase AARP  
Cardmember Service  
PO Box 15548  
Wilmington, DE 19886-5548

Chase Amazon  
PO Box 15298  
Wilmington, DE 19850-5298

Chase Mortgage  
PO Box 24696  
Columbus, OH 43224

Chase United  
Chase  
PO Box 15298  
Wilmington, DE 19850-5298

Chase United  
PO Box 15298  
Wilmington, DE 19850

Chase United  
PO Box 15298  
Wilmington, DE 19850-5298

Citi Double Cash  
Citi Cards  
PO Box 78045  
Phoenix, AZ 85062-8045

Citi Simplicity  
Citi Cards  
PO Box 78045  
Phoenix, AZ 85062-8045

Credence Resource Managment  
17000 Dallas Pkwy Ste 204  
Dallas, TX 75248

Credit Corp Solutions Inc  
180 West Election Road  
Draper, UT 84020

DHL  
Access Receivables Mgmt  
11350 McCormick Road  
Executive Plaza III St 800  
Hunt Valley, MD 21031

Diamond Preferred  
Ciitcards  
PO Box 78045  
Phoenix, AZ 85062-8045

Discover Personal Loans  
PO Box 30954  
Salt Lake City, UT 84130-0954

Discover Personal Loans  
PO Box 30954  
Salt Lake City, UT 84130-0954

Diversified Consultants Inc  
PO Box 1391  
Southgate, MI 48195-0391

EGS Financial Care Inc  
PO Box 1020  
Dept 106  
Horsham, PA 19044-2140

EGS Financial Care Inc  
PO box 1020  
Dept 806  
Horsham, PA 19044

Equinox Collection Serivices Inc  
20159 E 11th Street Ste 500  
Tulsa, OK 74128

FedEX Revenue Recovery Dept  
PO Box 660481  
Sanger, TX 76266-0481

GC Services LImited Partnership  
PO Bo x930824  
Wixom, MI 48393-0824

GC Services LImited Partnership  
PO Box 3026  
Houston, TX 77253

Home Projects  
Wells Fargo  
800 Walnut Street  
Des Moines, IA 50309

Hood & Stacy PC  
216 North Main Street  
Bentonville, AR 72712

Hood & Stacy, PA  
216 North Main Street  
Bentonville, AR 72712

Internal Revenue Service  
Special Procedures  
55 North Robinson, Stop 5024  
Oklahoma City, OK 73102-9229

Invictus Healthcare System  
Uber Group PLLC  
9709 E 79th Street  
Tulsa, OK 74133-4566

Kroger  
US Bank  
PO Box 790408  
Saint Louis, MO 63179-0408

Mary Kay  
Chase Bank  
PO Box 15298  
Wilmington, DE 19850-5298

NCB Management Services Inc  
PO Box 1099  
Langhorne, PA 19047

NCB Management Services Inc  
PO Box 1099  
Langhorne, PA 19047

North Shore Agency  
270 Spangoli Rd Suite 110  
Melville, NY 11747

Northland Group In  
PO Box 390905  
Minneapolis, MN 55439

OCWEN Loan Servicing  
1661 Worthington Road, Ste 100  
West Palm Beach, FL 33409

Ocwen Loan Servicing  
1661 Worthington Rd Ste 100  
West Palm Beach, FL 33409

Oklahoma Tax Commission  
Bankruptcy Department  
120 North Robinson, Suite 2200  
Oklahoma City, OK 73152

One Main Financial  
PO Box 64  
Evansville, IN 47701-0064

Portfolio Recovery Assoc  
PO Box 12914  
Norfolk, VA 23541

Princess Cruises  
Barclays Bank  
PO Box 8803  
Wilmington, DE 19899

Public Service Company  
PO Box 24404  
Canton, OH 44701-4404

Public Service Company of Oklahoma  
PO Box 24404  
OH 44071-4404

Sam's Club MC  
PO Box 960013  
Orlando, FL 32896-0013

Sears Mc  
Citibank NA  
PO Box 6077  
Henryetta, OK 74437-2424

Suddenlink Communications  
1244 Powercourt Dr Suite 460  
Saint Louis, MO 63131

Suddenllink Communications  
1244 Powercourt Dr, Suite 450  
Saint Louis, MO 63131

Sunrise Credit Services Inc  
PO Box 9100  
Farmingdale, NY 11735-9100

Synchony Bank  
Attn: Bankruptcy Dept  
PO Box 965061  
Orlando, FL 32896-5061

Synchrony Bank  
Attn: Bankruptcy Dept  
PO Box 965060  
Orlando, FL 23896-0013

T Mobile  
PO Box 742596  
Cincinnati, OH 45274-2596

Time Payment  
1600 District Avenue, Suite 200  
Burlington, MA 01803

Time Payment Corp  
16 NE Executive Office Park, Ste 200  
Burlington, MA 01803

United Collections Bureau Inc  
5620 Southwyck Blvd Suite 206  
Toledo, OH 43614

United Collections Bureau Inc  
5620 Southwyck Blvd, Suite 206  
Toledo, OH 43614

United Collections Bureau Inc  
5620 Southwyck Blvd Suite 206  
Toledo, OH 43614



USAA American Legion  
USAA Savings Bank  
PO Box 33009  
San Antonio, TX 78265

USAA Federal Savings Bank  
10750 McDermott Freeway  
San Antonio, TX 78288-0544

USAA Federal Savings Bank  
10750 McDermott Freeway  
San Antonio, TX 78288-0544

USAA VFW  
USAA Federal Savings Bank  
10750 McDermott Freeway  
San Antonio, TX 78288-0544

USAA Wounded Warrior Card  
USAA Federal Savings Bank  
10750 McDermott Freeway  
San Antonio, TX 78288-0544

Walmart Mastercard  
Synchrony Bank  
Attn: Bankruptcy Department  
PO Box 965060  
Orlando, FL 32896-5060

Walmart Mastercard/SYNCB  
Synchrony Bank  
Attn: Bankruptcy Dept  
PO Box 965060  
VA 23896-5060

Wilpro Inc  
30151 South 126th  
Henryetta, OK 74437

Wilpro Inc  
30531 South 216th  
Henryetta, OK 74437

**United States Bankruptcy Court  
Eastern District of Oklahoma**

In re **Knight Mail & Printing Plus LLC**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Knight Mail & Printing Plus LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**December 4, 2017**

Date

**/s/ MELINDA .G. DUNLAP,**

**MELINDA .G. DUNLAP, OBA#15002**

Signature of Attorney or Litigant

Counsel for **Knight Mail & Printing Plus LLC**

**Melinda G. Dunlap**

**205 South Grand**

**PO Box 1613**

**Okmulgee, OK 74447**

**918-756-7764 Fax:918-756-3009**

**mdbankruptcy@hotmail.com**